

Background and Methodology

The Integrated HIV Behavioral and Serologic Surveillance (IHBSS) was developed in 2005 to provide a comprehensive description of HIV trends in the country. In 2013, the National Epidemiology Center of the Department of Health (DOH-NEC) led the fifth round of the IHBSS in the ten sentinel sites among female sex workers (FSW).

The IHBSS aims to determine the: (a) prevalence of HIV and syphilis among the most at-risk populations and establish trend over time, (b) behavioral factors associated with STI and HIV transmission and its effect on the HIV epidemic in the country, (c) outcome of STI and HIV intervention programs and (d) to provide strategic information to guide STI and HIV policies, programs and services.

Among the Key Affected Populations (KAP) in the HIV epidemic are Female Sex Workers (FSW), who are at an increased risk of acquiring the HIV infection due to the nature of their occupation. Female Sex Workers are categorized into two – Freelance Female Sex Workers (FFSW), and Registered Female Sex Workers (RFSW).

FFSW are defined as those who were born female, 15 years or older, and have accepted payment (cash or kind) in exchange for sex in the past one month. They are street-based or based in an entertainment establishment not registered at the local social hygiene clinic (SHC).

RFSW, on the other hand, are defined as those born female, 15 years or older, and have accepted payment (cash or kind) in exchange for sex in the past one month. Unlike FFSW, RFSW are based in entertainment establishments registered at the local SHC.

Different sampling methods were utilized in order to identify the study participants to be included in the 2013 IHBSS. FFSW were recruited through Time Location Sampling (TLS), in which venues were sampled based on the day and time when the venue is most frequented by FFSW. As for RFSW, systematic sampling at the entertainment establishment was carried out.

There were a total of 5,659 FSW - 2,644 FFSW and 3,015 RFSW who participated in the 2013 IHBSS and were included in the data collection and analysis.

Sites: Angeles, Baguio, Cagayan de Oro, Cebu, Davao, General Santos, Iloilo, Zamboanga*, Pasay, Quezon

*Only RFSW were included for Zamboanga in the 2013 IHBSS.

Registered Female Sex Workers (RFSW)

A total of 3,015 Registered Female Sex Workers (RFSW) were sampled from the ten sentinel surveillance sites. Ages of respondents ranged from 15 to 58 years old (median 25 years old). Forty seven percent of the RFSW belonged to the 18 to 24 age group. Majority were single (87%), 7% were separated or widowed, and 6% were married. Forty-four percent were living with a partner and 68% of the RFSW had children. Sixty seven percent had finished at least high school.

The frequency of selling sex within a year varied among the RFSW. Thirty six percent sold sex all throughout the year, 35% did it at selected times of the year, and 29% only sold sex when needed. Five percent of the RFSW had experienced working abroad in the past 5 years and 41% of those who worked abroad had paid sex while overseas.

Table 1. Age of First Sexual Practices, 2013

RFSW	Age (median)
First sex	17
First sex with payment	20
First condom use	20

Table 1 shows the age of first sex among the RFSW. The number of clients within the past 30 days ranged from 1 to 80 with a mean of 7 clients. Of their 7 clients, 5 were new and 2 were returning. Thirty six percent of RFSW had a foreign client during their last paid sex.

91% of RFSW were aware that condoms reduce HIV risk

Forty seven percent of RFSW answered all of the five knowledge questions correctly. This is lower than the 51% result in 2011. Knowledge score was highest (50%) for the respondents 25 years and older as shown in

Figure 1. Percentage of RFSW who answered all five questions on HIV knowledge correctly, 2013

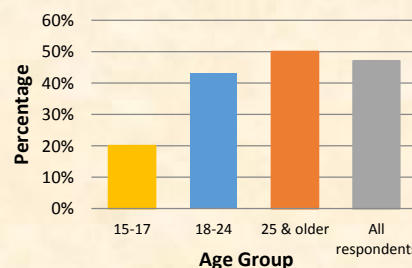


Figure 1. Most (91%) RFSW were aware that condoms can reduce the risk of HIV transmission. Twenty four percent still believed that HIV can be transmitted by using public toilets. Eighty-four percent of RFSW received information about HIV transmission and prevention from the Social Hygiene Clinic (SHC). There were 78% of RFSW who attended an SHC seminar regarding HIV in the past 12 months.

National target for condom use among RFSW has been reached

There is a significant increase in the condom use of RFSW during their last sex with paying partners - from 72% in 2011 to 82% in 2013. Among the RFSW who used a condom, 79% said they were the ones who suggested condom use. The primary reasons of RFSW for using a condom were the following: to prevent STI (53%), to prevent HIV (35%), and to prevent pregnancy (11%). More than half (56%) of the RFSW got their condoms from the Social Hygiene Clinic, 15% got it from bars/nightspots where they worked, and 15% bought condoms from pharmacies. Meanwhile, the top reasons why 18% of the RFSW still did not use a condom during last sex with a customer are shown in Table 2.

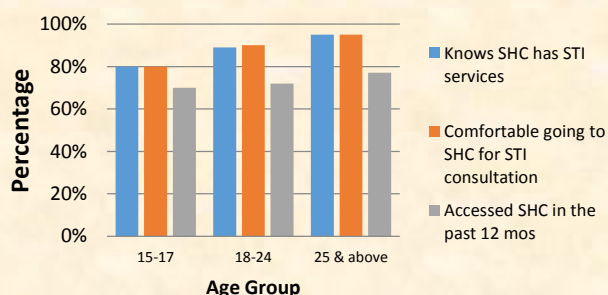
Table 2. Reasons for not using a condom, 2013

Reasons for not using a condom with a paying partner	Percentage
Partner Objected	46%
Not necessary	31%
Respondent doesn't like condom	7%
Condom not available	6%
Other reasons	10%

Sixty-two percent of RFSW also had sex with nonpaying male partners and 22% of them used a condom during their last sex. Their main reason for using a condom was to prevent pregnancy (49%). Meanwhile, for those who did not use a condom, their primary reason was that it was not necessary (44%) while 41% said their partner objected.

3 out of 4 RFSW accessed the SHC

Figure 2. STI services at SHC by age group, 2013



Most (94%) of the RFSW have heard of the Social Hygiene Clinic (SHC). Ninety two percent of RFSW are aware that SHC offers STI services. Most (92%) of the respondents said they were comfortable to visit the SHC. Seventy five percent of RFSW visited the SHC in the past 30 days. Figure 2 shows that the access to SHC services increases with age.

Most (93%) of the RFSW had a cervical smear within the past 12 months. Eighty one percent of them had a smear in the SHC.

Other places RFSW went to for a cervical smear were the Mobile SHC/Outreach (13%), private clinics (4%), other clinics (1%), and government hospitals (<1%).

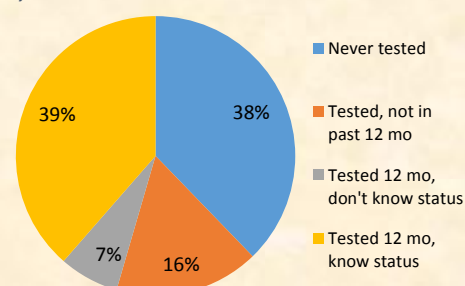
52% of RFSW practiced family planning

Among RFSW, there were 52% who practiced family planning. The most common method used for family planning is birth control pills (61%). Other methods utilized by RFSW were condoms (30%), IUD (2%), withdrawal (2%), vasectomy/ligation (1%), calendar or rhythm method (1%), and others (3%).

HIV Testing increased by 13%

There were 39% of RFSW who had an HIV test in the past 12 months and know their status (see Figure 3). This is a 13% increase from the 26% in 2011. Of those who did not have an HIV test in the past 12 months, 42% said it was because they were afraid to get tested and 23% said they didn't feel a need to get tested.

Figure 3. Percentage of RFSW who (a) never had an HIV test, (b) tested but not in the past 12 mo., (c) tested past 12 mo. and don't know status, (d) tested past 12 mo. and know status, 2013



HIV Prevalence among RFSW decreased

The HIV prevalence among RFSW has decreased from 0.12% in 2011 to 0.07% in 2013. However, the syphilis prevalence has increased from 0.36% in 2011 to 0.83% in 2013.

Table 3. Serologic results by age group, 2013

HIV Prevalence	15 to 17	18 to 24	25 & older	Total
2011	0/23 (0%)	3/2,801 (0.12%)	3/2,107 (0.14%)	6/4,931 (0.12%)
2013	0/10 (0%)	2/1,406 (0.14%)	0/1,599 (0%)	2/3,015 (0.07%)

Syphilis Prevalence	15 to 17	18 to 24	25 & older	Total
2011	0/23 (0%)	10/2,801 (0.36%)	8/2,107 (0.38%)	18/4,931 (0.37%)
2013	1/10 (10%)	10/1,406 (0.71%)	14/1,599 (0.88%)	25/3,015 (0.83%)

Freelance Female Sex Workers (FFSW)

There were a total of 2,644 Freelance Female Sex Workers (FFSW) who participated in the IHBSS. Their ages ranged from 15 to 66 years old with a median age of 24 years old. Forty six percent of the respondents belong to the 18-24 age group. Majority (85%) of the FFSW were single, 8% were married, and 7% were separated or widowed. Forty two percent were living with a partner and 63% of all FFSW had children. Fifty six percent of the FFSW had at least finished high school.

Thirty seven percent of FFSW sold sex all throughout the year, 33% sold sex only when needed, and 30% sold sex at selected times of the year. Only 2% of the FFSW had a history of working abroad within the past five years. Of those who worked abroad, 39% had sex in exchange of cash or kind while they were overseas.

Table 4. Age of First Sexual Practices among FFSW, 2013

FFSW	Age (median)
First sex	17
First sex with payment	20
First condom use	19

Table 4 shows the age of first sex among FFSW. The number of clients in the past 30 days among FFSW ranged from 1 to 180 with a mean of 10 clients. Out of the 10 clients, there were 8 one-time and 2 returning clients. Nine percent of FFSW had foreigners as their last clients.

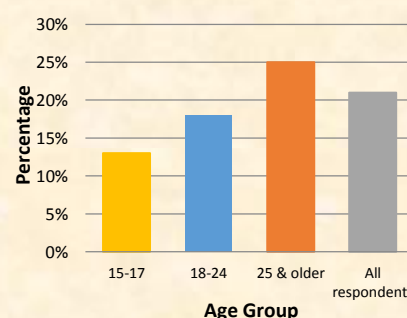
Older FFSW were more knowledgeable on HIV

Among the FFSW, only 21% answered all five knowledge questions correctly compared to 24% in 2011. Knowledge score is highest among the 25 and older age group (25%) as shown in Figure 4.

Majority (83%) of the FFSW knew that the use of condoms can prevent the transmission of HIV. However, half of the respondents still had the belief that HIV can be transmitted by using public toilets.

Thirty percent of the respondents received information regarding HIV transmission and prevention from the Social Hygiene Clinic (SHC). Seven percent got the information from a Mobile SHC while 14% received it from peer educators (PE). Twenty eight percent of FFSW attended a seminar from the SHC or PE.

Figure 4. Percentage of FFSW who answered all five questions on HIV knowledge correctly, 2013



Condom use with clients increased to 63%

Sixty three percent of FFSW used a condom during last sex with a client which is higher than the 56% in 2011. While this percentage increased, it is still lower than the national target of 80%. Among those who used condoms, it was the FFSW who suggested condom use in 76% of the cases. The reasons for using a condom were: to prevent STI/STD (72%), to prevent pregnancy (22%), and to prevent HIV (5%). Thirty one percent of FFSW buy condoms from pharmacies, 15% buy from supermarkets, and 14% get free condoms from the SHC. The top reasons why FFSW still did not use a condom during last sex with a customer are shown in Table 5.

Table 5. Reasons for not using a condom, 2013

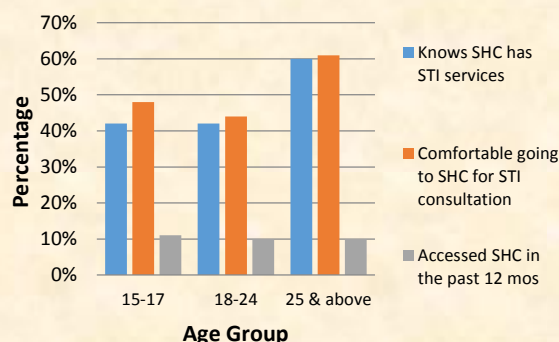
Reasons for not using a condom with a paying partner	Percentage
Partner Objected	47%
Not necessary	19%
Respondent doesn't like condom	13%
Condom not available	8%
Other reasons	13%

Meanwhile, almost half (47%) of the FFSW who did not use a condom during last sex said it was because their client objected. Nineteen percent of FFSW did not deem it necessary to use a condom while 13% said they did not like to use condoms.

Fifty-one percent of FFSW also had sex with a non-paying male partner in the past 12 months. Of those who had a non-paying partner, only 19% used a condom during their last sex with their non-paying partner. When asked why they used a condom, more than half (52%) of FFSW said it was to prevent pregnancy while 43% said the reason was to prevent STIs. Among those who did not use a condom, 47% said it was due to their partner's objection while 38% said condoms were not necessary.

Access to SHC services needs to be increased

Figure 5. STI services at SHC by age group, 2013



As shown in Figure 6, 58% of FFSW said they have heard of the SHC. Fifty one percent of the respondents are aware that SHC offers STI services and 53% said they are comfortable to visit the SHC for STI consultations. However, despite these figures, only 10% reported visiting the SHC.

Thirty-two percent of FFSW had a cervical smear in the past 12 months. Of those who had a cervical smear, 78% had the smear in the SHC. Other places FFSW went to for smearing was mobile SHC/outreach (8%), private clinic (8%), government hospital (4%), and other clinics (2%).

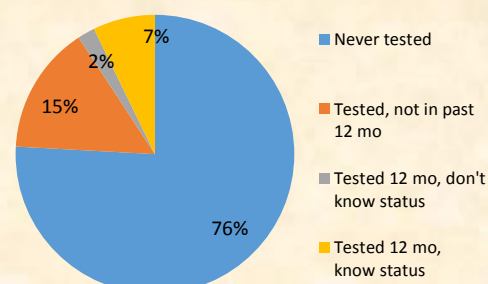
30% of FFSW practiced family planning

Among FFSW, there were 30% who practiced family planning. The most common is the use of birth control pills (48%) as a method of family planning. Other methods utilized by FFSW were condoms (35%), withdrawal (6%), IUD (4%), vasectomy/ligation (3%), calendar or rhythm method (1%), and others (4%).

7% of FFSW had an HIV test and knew their status

Seven percent of FFSW had an HIV test in the past 12 months and know their results – this is a 2% increase from the 5% in 2011 (see Figure 7). For those who did not have an HIV test in the past 12

Figure 6. Percentage of FFSW who (a) never had an HIV test, (b) tested but not in the past 12 mo., (c) tested past 12 mo. and don't know status, (d) tested past 12 mo. and know status, 2013



months, 30% said they were afraid to get tested, 29% said they don't know about HIV testing, and 17% said they do not know where to get tested.

HIV and syphilis prevalence among FFSW increased

The HIV Prevalence among FFSW has increased from 0.43% in 2011 to 0.72% in 2013. The prevalence among FFSW in Cebu City has increased to 6.64% from 5.47% in 2011, contributing to the increased overall HIV prevalence. More than half (56%) of the HIV positive FFSW in Cebu City were also injecting drug users. The syphilis prevalence of FFSW also increased to 3.14%.

Table 6. Serologic results by age group, 2013

HIV Prevalence	15 to 17	18 to 24	25 & older	Total	Syphilis Prevalence	15 to 17	18 to 24	25 & older	Total
2011	0% (0/319)	0.42% (10/2,371)	0.52% (10/1,913)	0.43% (20/4,603)	2011	0% (0/319)	0.59% (14/2,371)	3.61% (69/1,913)	1.80% (83/4,603)
2013	0% (0/133)	0.73% (9/1,226)	0.78% (10/1,285)	0.72% (19/2,644)	2013	2.26% (3/133)	0.98% (12/1,226)	5.37% (69/1,285)	3.18% (84/2,644)

Discussion

The 2013 IHBSS data showed that differences between the RFSW and FFSW continue to exist. The work profile of female sex workers are broken down in Table 7.

Though the median age of RFSW and FFSW are almost the same, 67% of female sex workers aged 15 to 19 years old work in cruising sites and establishments not registered in SHC (FFSW) which decreases the likelihood that these FSW will be reached by HIV prevention programs.

The knowledge score of RFSW (47%) is more than twice as high as that of FFSW (21%). This should not be surprising as data also showed that 84% of RFSW reported that they were reached by SHC to give information on HIV transmission and prevention while only 30% of FFSW received the same information from the SHC.

The FFSW (mean of 10 clients) had a higher number of clients within the past 30 days than the RFSW (mean of 7 clients). However, there is a higher percentage of RFSW (36%) who had a foreigner as their last client as compared to FFSW (9%).

The RFSW have reached the target condom use of 80% with their paying clients, signifying the positive impact of the HIV prevention program. It has increased from 72% in 2011 to 82% in 2013. Condom use among FFSW has also increased to 63%. In more than 75% of the cases, the FSW were the ones who suggested condom use to their clients. The RFSW were more aware that the use of condoms can protect both HIV and other STIs. For FFSW, only 5% cited the prevention of HIV as a reason for using condoms.

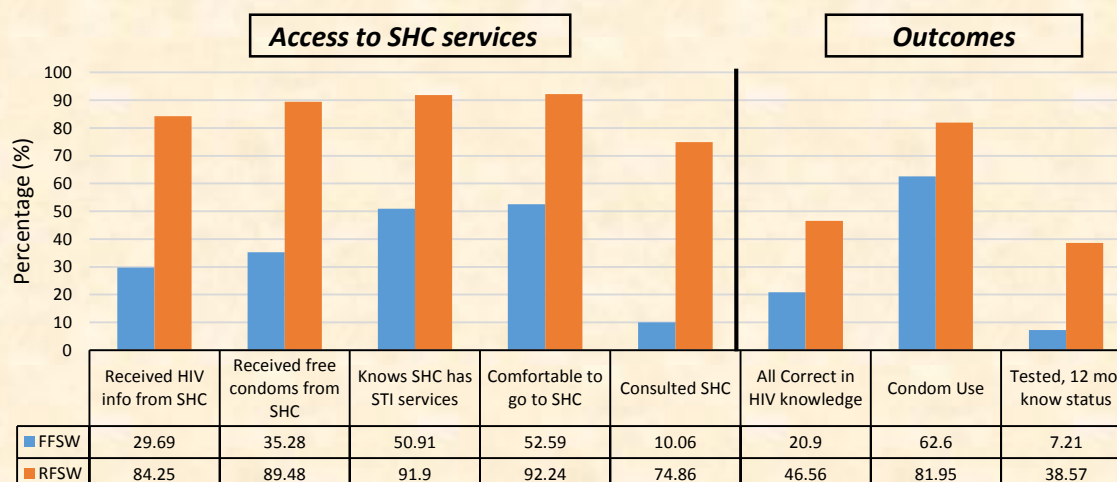
More RFSW (62%) had non-paying male partners than FFSW (51%). Among those who used condoms with their non-paying partners, more than half of FSW said it was to prevent pregnancy. This is different from their primary reason for using condoms with paying partners which was to prevent STIs.

For all indicators, access of RFSW to SHC was higher than the access of FFSW as shown in Figure 7. Since the program mainly reaches the FSW who work in SHC-registered establishments, the RFSW are more aware of services offered in the SHC and are able to access these services more. This is also reflected in the higher percentage of RFSW who answered HIV questions correctly and the percentage of condom use as discussed in the previous paragraphs.

Table 7. Work Profile of Female Sex Workers, 2013

WORK PROFILE	
RFSW only	52%
FFSW only	25%
FFSW who also works in an establishment	22%
RFSW who also works in a cruising site	1%

Figure 7. Comparison of FFSW and RFSW for major indicators, 2013



While 75% of RFSW visited the SHC for STI services in the past 12 months, only 10% of FFSW visited the SHC. Moreover, 93% of RFSW underwent cervical smearing in the past 12 months compared to only 32% of FFSW. Aside from the higher access to STI services in SHC, there were more RFSW who practiced family planning (RFSW 52%, FFSW 30%). Use of birth control pills was the main method of family planning utilized by RFSW (61%). Family planning is important among FSW to prevent pregnancy which can lead to possible mother-to-child transmission of HIV from positive mothers, especially if the mother is unaware of her HIV status.

HIV testing only increased slightly among FFSW – from 5% in 2011 to 7% in 2013. Meanwhile, among the RFSW, the percent who had an HIV test in the past 12 months and know their status increased from 26% in 2011 to 39% in 2013. In general, more FSW undergo HIV testing and get their results compared to 2013.

The HIV prevalence among RFSW has remained low - reflecting the impact of the HIV program which focused on RFSW in the previous years. However, HIV prevalence has increased among FFSW which may be explained by the high HIV prevalence among FFSW in Cebu City (6.64%). Data showed that more than half (56%) of the HIV positive FFSW in Cebu City were also injecting drug users (IDU). There are no data to show whether the FFSW are also partners of IDUs.

Syphilis prevalence among RFSW and FFSW also increased to 0.83% and 3.18% respectively. This may be a cause of concern since syphilis infections facilitate transmission and acquisition of HIV infection. Though the HIV epidemic among FSW seems to be declining in most sites, the increasing syphilis prevalence may hamper these improvements.

Despite the low HIV prevalence among FSW, the health sector should not be complacent. There is still a need to explore opportunities for improving access to health services among FSW, especially among FFSW. Continued efforts such as raising knowledge and improving skills on HIV prevention and control are important to promote health-seeking behavior and safe sexual practice especially since the turnover rate of FSW is fast. Moreover, interventions to prevent mother-to-child transmission should be strengthened among FSW and needs to be carefully implemented and monitored.